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letter 4/14/11

OFFICE OF INSPECTOR GENERAL
Application for License to
Operate a Long-term Care Facility

For Office Use Only
Received <u>4.4.11</u>
Amount <u>\$900.</u>

Ch# 042466

I. IDENTIFICATION

Name Fulton Investors, LLC d/b/a
Haws Memorial Nursing & Rehabilitation Center
Address 1004 Holiday Lane
City/County/Zip Fulton Fulton KY
Telephone number 270 472 1971
Administrator Jennifer H. Connell
Date facility operation began at current address 1970
Date facility began operation under current owner 1984

II. TYPE BEDS

No. beds licensed

No. beds requested

Skilled

Nursing Home

Nursing Facility

Intermediate Care

ICF/MR

Personal Care

60

60

II. CONTROL (check one in each column)

State
County
City
Private

Profit
Nonprofit

Individual
Partnership
Corporation

LLC

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Aubrey B. Preston, 3309 Bailey Rd., Franklin TN 37064
Jennifer H. Connell, PO Box 5242, 4712 N. Pierce Station Rd.
So. Fulton TN

38257

(OVER)

3/31

If facility owned or leased by a corporation, complete the following:

Name of corporation N/A - We are an LLC

Address of corporation _____

President or Chairman _____

Vice President _____

Secretary _____

Treasurer _____

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent

Management Company

Denver Health Group
1973 New Hwy. 96 West
Franklin TN 37064

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

[Signature]
Signature of authorized representative

Administrator
Title

03/29/11
Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

Fulton Investors, LLC d/b/a Haws Memorial Nursing & Rehabilitation
Center

Person(s) with 25% or > ownership in the facility:

Aubrey B. Preston

Fulton Investors, LLC d/b/a Haws Memorial Nursing & Rehabilitation
Center

Names/addresses of LLC members:

Aubrey B. Preston, Member Manager

Jennifer H. Connell, Member